

dicated by the report. This speaks very favourably for the remedial powers of cod-liver oil. There was to be anticipated an increase in the mortality from consumption during the past year, as the postponed mortality of the disease in former years would be thrown upon this. Hence, from a decrease in the proportion of deaths from consumption, since the period when it used to be between a sixth and a seventh of the whole mortality, we have a right to infer that we have gained something from the use of the oil in that disease; probably that we have cured by it one in every eight cases, with the anticipation of a still larger proportion hereafter.—*Summary of Trans. Coll. Phys. Philad.* vol. ii. N. S.; No. 4.

*Lead Diseases treated by the Iodide of Potassium.* Dr. H. S. SWIFT states (*New York Medical Times*, Feb. 1854) that the treatment of saturnine poisoning by iodide of potassium, has been tried in the New York Hospital in 23 cases, and with highly satisfactory results. "In 13 instances the urine was submitted to chemical analysis, and the investigation has established the fact that the lead may be eliminated from the system by the iodide of potassium, and found in the urine. In no case was the lead detected before the administration of the remedy. The chemical analyses were made by Prof. Outram, and the results of his experiments are perfectly reliable.

"All the patients began to improve rapidly after this treatment was adopted, though they had previously resisted the ordinary means. No bad effects resulted from the long-continued use of the remedy. In two cases, as M. Melsens suggests may occur, the symptoms were at first slightly aggravated—one of them was profusely salivated while under treatment, and the other slightly so. One patient also suffered from coryza and gastric disturbance for a few days; but the treatment was only suspended for a short time. One patient was under the influence of the iodide of potassium for six months, one for five and a half, and another for four months.

"In case 6, the urine was examined shortly after the treatment was commenced, and merely a trace of lead was detected. The quantity sensibly increased, until it was clearly shown both in the urine and saliva; and as the patient convalesced, it disappeared entirely, and the iodide of potassium was found abundantly in the saliva. In case 5, we did not suspect the existence of lead-poisoning until after the patient had been put upon treatment for constitutional syphilis. While under this treatment, a well-defined 'blue line' appeared upon the gums. The urine was then examined, and found to contain lead.

"Of the twenty-three cases treated by the iodide of potassium, sixteen have been discharged cured, and three so far relieved as to be able to resume their ordinary duties; four are still under treatment, and are gradually improving. Thirteen of the patients suffered from lead colic, complicated with neuralgia, arthralgia, &c., four had paralysis of the wrists, and in six the paralysis was general."

*Membranous Croup successfully treated by Iodide of Potassium.*—Dr. J. D. GRISCOM related to the Philadelphia College of Physicians (Feb. 1854) the following case:—

An intelligent boy two and a half years old, had been somewhat hoarse for several days, when symptoms of dyspnoea supervened, and Dr. G. was requested to see him. He found him with a pulse somewhat quickened, an anxious expression of countenance, a *suppressed, suffocative* cough, and a laboured respiration—noisy, but not resonant. During twenty-four hours these symptoms all slowly but steadily augmented, and left no doubt in the mind of Dr. G. that the little patient was passing through the incipient stage of membranous croup. Leeches, sinapisms, warm baths, and emetics (ipecac. and alum), had failed to give more than temporary relief. In looking over the resources of our art for a means of modifying the disposition to pseudo-membranous deposit in the larynx, iodide of potassium, the use of which, although without precedent in this disease, as far as Dr. G. was aware, was selected, and administered in doses of two and a half grains every three hours.

Prof. Wood now saw the child in consultation, and had no hesitation in confirming the diagnosis. When the exhibition of the salt was commenced, the child's condition was truly distressing. The chest was heaving, the nostrils expanded, the skin of the face assuming a dusky hue—the countenance bearing that imploring expression, which, when once seen in this disease, is seldom forgotten. On consultation, it was, with some hesitation, agreed to rely on the iodide of potassium another twelve hours. At the end of that time, the child had vomited what strongly resembled plastic lymph, and the onward progress of the symptoms was certainly arrested. A very slow improvement took place from this time. The remedy was continued about ten days, at the end of which time the little patient was entirely convalescent.—*Summary of Trans. Coll. Phys. Philad.* vol. ii. N. S.; No. 4.

*Cold as an Anæsthetic Agent.*—Dr. THOS. WOOD, of Cincinnati, states (*Western Lancet*, April, 1854), that he has used cold, as recommended by Mr. Arnott, of London, for preventing pain in surgical operations in various cases. In most of these it has met his expectations, but in others it entirely failed or but partially prevented suffering.

His experience has led him to the following conclusions:—

“The degree of cold required to destroy the sensibility of a part is but a little above that of the freezing point of water, and it must be obvious to all that this degree of temperature cannot be with impunity extended over a large surface of the body, or made to penetrate to a depth much below the surface in any of the more vital regions; hence its use is naturally restricted to the minor and more superficial operations, and can never take the place of chloroform or some of its kindred agents, in operations involving the deep tissues of the body.

“To operations upon the surface, such as removing small warts, tumours, and nævi, or other excrescences from the skin, it seems peculiarly adapted; and for destroying the pain in the extraction of diseased or offending nails from the fingers or toes, it is far preferable to chloroform. First, it is to be preferred for the reason that in its use there is no danger of fatal injury to the constitution, as in chloroform, for its effects are purely local and circumscribed; and, second, because the insensibility is more complete than is ordinarily obtained by chloroform, and is fully equal to the most overwhelming dose. I have repeatedly witnessed the most perfect composure of countenance in my patients, while a nail of the toe or finger was rudely torn, with a strong forceps, from its matrix, without the least exhibition of a sense of pain, or a consciousness of the progress of the operation, except from sight.

“It acts well on the skin, where a small portion is to be removed; but in plastic operations I would not use it, as the refrigeration necessary to remove the pain might so destroy the vitality of the flap, that direct union (upon which success in these operations wholly depends), would not take place.

“It has failed in my hands to be of any service in removing hemorrhoidal tumours, although, according to some of the European surgeons, it has answered well for them in operations on the anus.

“In one case I attempted to remove a string of venereal vegetations from around the verge of the rectum, but was unable to get the part sufficiently chilled to even lessen its sensibility, and I was finally obliged to use the chloroform before the operation was completed.

“The failure was, doubtless, owing to the rapid supply of heat to the part from the highly vascular organs in its vicinity, and the difficulty of conducting it away rapidly enough to reduce the temperature in the tumours to near the freezing point; and this difficulty, in all probability, will ever prevent its successful use in operations on the painful tumours of the anus and rectum.

“Cold has also failed to give much relief from the pain of opening paronychia.

“While it numbs the surface of the finger, it does not lessen the sensibility toward the bottom of the wound, even when the application is made a considerable time previous to the use of the bistoury.

“To chill a part that is to be subjected to an operation, for instance, a finger or toe, it is only necessary to get some pounded ice or snow, and mix with it